S. No. 2
M—1/47
r. 5-17-39

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36134

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9123

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Enroute to De Paul Hosp. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4470a Elmbank Ave. 6
(If rural, give location)

10

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Michael Overmann

3. (b) If veteran, name war -

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar. (Month) II (Day) 1947 (Year)

8. AGE: Years 0 Months 6 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation None

11. Industry or business

FATHER
12. Name Edwin Overmann
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dolores Eaton
15. Birthplace Elvin (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Edwin Overmann
(b) Address 4470a Elmbank Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge

19. (a) OCT 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1947 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedema

Due to when the child was found in Crib

Due with one end of small dumbbell shaped rattle in his mouth at the home 4470 Elmbank on Sept 29 1947

Other conditions at about 8:30 P.M.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 195

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Sept 29 1947 000

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Is above 3

23. Signature Patrick E Taylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 10-1-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed: Jen E. Hoffman

Licensed Embalmer No. 4366

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.